

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3				•		
4				•		
5				•		
6			1			
7			1	1		
8				•		
9				•		
10			1			
11			1	1		
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Total Indep			3			
Total Depend			8			
Total Claims			11			

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Depend						
Total Claims						